

Name
in
Full

CERTIFICATE OF DEATH

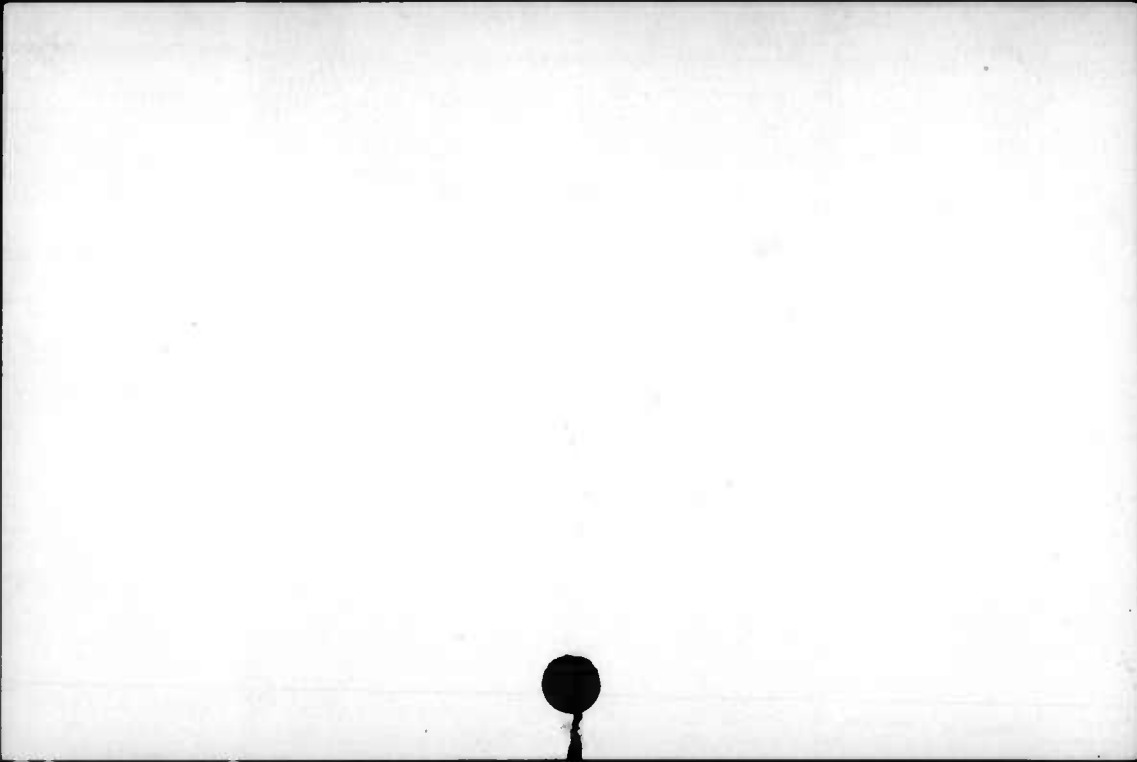
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary D. Allen</i>		Town <i>New Baltimore</i>		County <i>Cecil</i>		MARYLAND	
Died at		Month <i>2nd</i>		Day <i>24</i>		Years <i>61</i>	
Date of death <i>1907</i>		Months <i>3</i>		Days <i>16</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thos Allen</i>					
Father's Name <i>David Lyndal</i>		Father's Birthplace <i>Dal</i>					
Mother's Maiden Name <i>Dora Jones</i>		Mother's Birthplace <i></i>					
Name of person giving information <i>Waller</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>8 days</i>
Immediate <i>Strangulation</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Raymond D. Jones</i>
	Address <i>Beaton</i>
Accident or Suicide?	



Name in Full		Jacariah Andrew				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Federalburg		County	
		Date of death		1907		Maryland	
		Month		Feb		Days	
		Age		26		Months	
		Sex		male		Color or Race	
		Occupation		Laborer		Birth-place	
		Married, Single or Widowed		married		Where Residing if not at place of death	
		Father's Name		unknown		Father's Birthplace	
Mother's Maiden Name		unknown		Mother's Birthplace			
Name of person giving information		Richard Andrew		How related to deceased		son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER 1		Primary		Heart Disease		How long	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
		Address		Federalburg		md	
Accident or Suicide?							



Name
in
Full

Amanda Black

CERTIFICATE OF DEATH

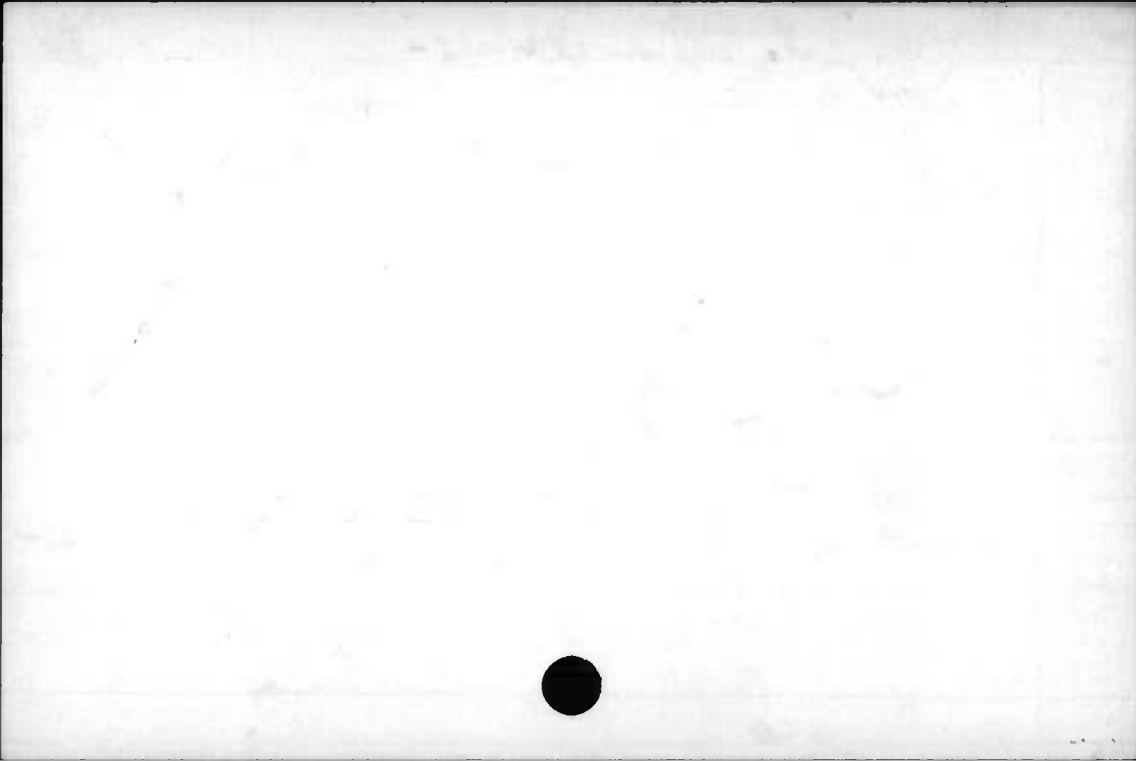
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Ridgely</i>		Town <i>Ridgely</i>		County <i>Caroline</i>		State <i>MARYLAND</i>	
Date of death	1907	Month	Feb	Day	15	Age	Years <i>-</i> Months <i>10</i> Days <i>-</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Ridgely</i>
Occupation	<i>-</i>		Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed	<i>-</i>		Name of Wife or Husband <i>-</i>				
Father's Name	<i>John Black</i>				Father's Birthplace	<i>Caroline Co</i>	
Mother's Maiden Name	<i>Delora Trainers</i>				Mother's Birthplace	<i>Delaware</i>	
Name of person giving Information	<i>John Black</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Teething</i>	How long	<i>1 week</i>
Immediate	<i>Marasmus</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. C. Madara</i>
		Address	<i>Ridgely Md.</i>
Accident or Suicide?	<i>-</i>		



Name
in
Full

Mary S. Bordley -
Town

Bordley -
County

CERTIFICATE OF DEATH

MARYLAND

Died at Downes

Caroline

Date of death 1907

Month 2

Day 19

Age 34

Months 3

Days 13

Sex Female

Color or Race White

Birth-place Md.

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband

J. Wesley Bordley

Father's Name

Joseph C. Pinner

Father's Birthplace

Md.

Mother's Maiden Name

Susannah Godwin

Mother's Birthplace

Md.

Name of person giving Information

Hustont

How related to Deceased

CAUSES OF DEATH

Primary

Puerperal Septicemia, death retinitis

How long

Five days

Immediate

Lobar Pneumonia

How long

Three days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Robley Hackett

Address

Queen Anne

Accident or Suicide?

no

Md.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name in Full

Certificate of Death

John Wesley Bradley

Town

County

MARYLAND

Died at

Hinchester

Caroline

Date 19

07

Month

Day

Feb 28

Y.

M.

D.

Age

71

Native of

Occupation

Maryland Mechanic

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

2

Husband

of

Emma Bradley

~~Wife~~

Father's

Name

John Bradley

Mother's

Maiden Name

— Dices

Cause of

Primary

Pleuro. Pneumonia

How long sick

(93) Work

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

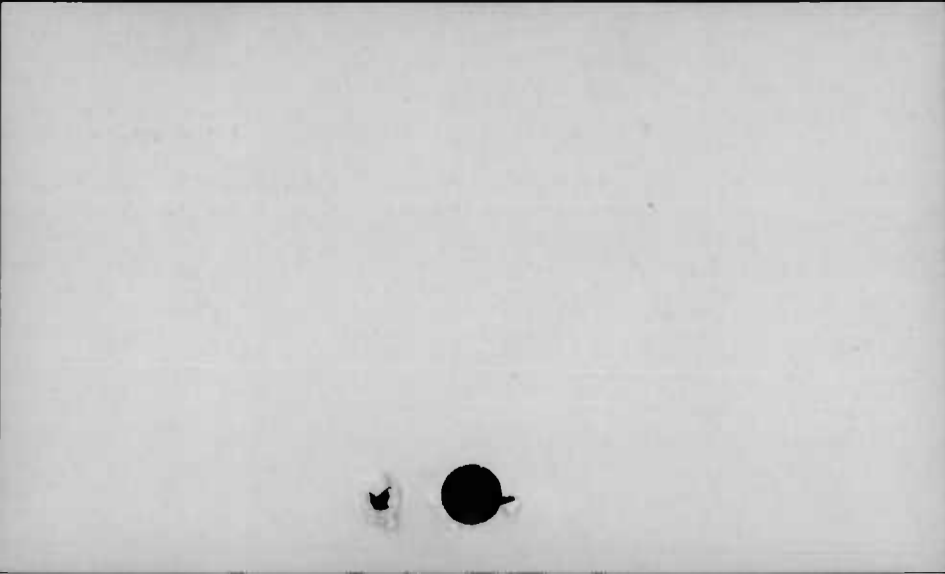
Reported by

J. L. Hobbs M.D.

Address

Briston Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Irene Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Denton Town

Caroline County

Date

of death 1907

Month 2

Day 19

Age

Years

Months 8

Days

Sex

Female

Color or
Race

Black

Birth-
place

Denton

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Orra Green

Father's
Birthplace

Carroll Co

Mother's
Maiden Name

Mary Susan Moore

Mother's
Birthplace

Carroll Co.

Name of person giving
In formation

Orra Green

How related
to deceased

Father

CAUSES OF DEATH

Primary

Bronchitis Pneumonia

How long

1 week.

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

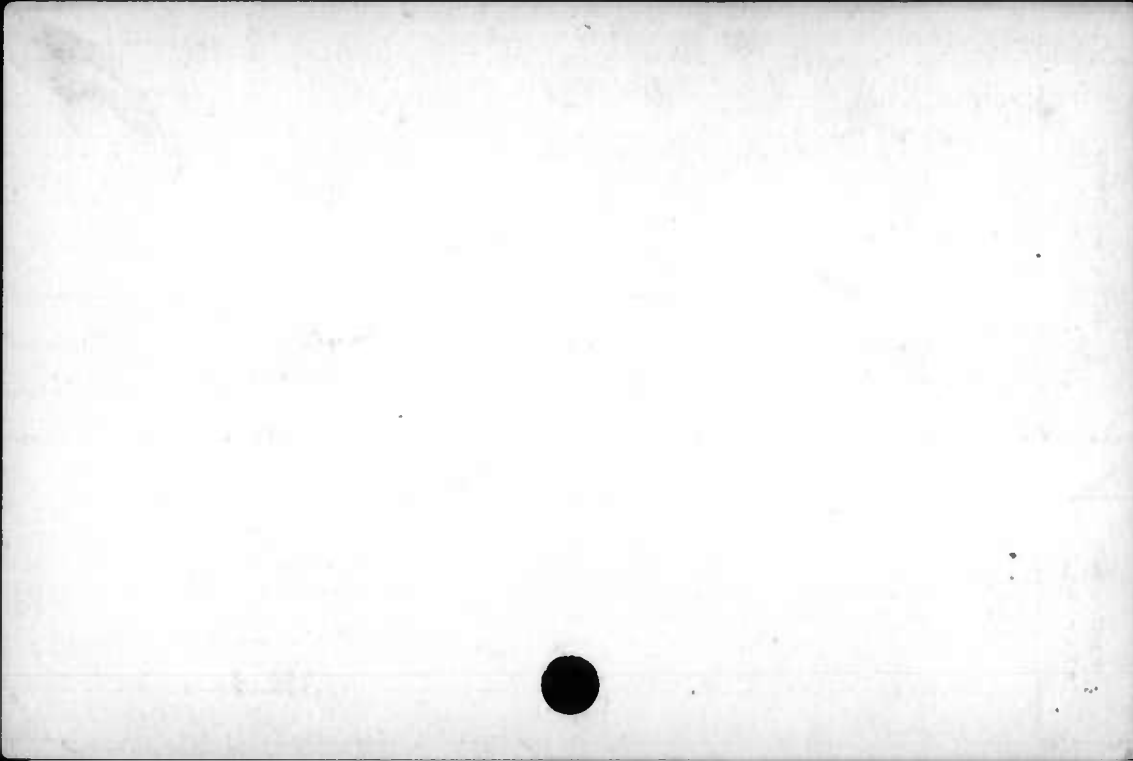
Signature of
Physician

J. N. Nichols

Address

Denton Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>2</i>	Day	<i>14</i>
Age		<i>32</i>	Years	Months	Days
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>near Buena Vista Md</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Elma Grimage</i>		
Father's Name	<i>William F. Grimage</i>		Father's Birthplace	<i>Caroline Co Md.</i>	
Mother's Maiden Name	<i>Emeline Goss</i>		Mother's Birthplace	<i>Caroline Co. Md.</i>	
Name of person giving information	<i>J. M. Bell</i>		How related to deceased	<i>Brother in Law</i>	

CAUSES OF DEATH

Primary	<i>Tuberculosis of Bladder</i>	<i>33</i>	How long	
Immediate	<i>Memoria</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>Frederic N. Nichols</i>
			Address	<i>Denton Md.</i>
Accident or Suicide?				

PHYSICIAN
OR CORONER

1

Name
in
Full

Mary Holland

CERTIFICATE OF DEATH

Died at *Near Backlawn* Town *Caroline* County

MARYLAND

Date of death *1907* *2* Month *9* Day *77* Age Months DaysSex *Female* Color or Race *Colored* Birth-place *US*Occupation *Housewife* Where Residing if not at place of death *Near Backlawn*Married, Single or Widowed *wid* Name of Wife or Husband *Chas Holland*Father's Name *Unknown* Father's Birthplace *MS*Mother's Maiden Name *Elizabeth Mahalo* Mother's Birthplace *MS*

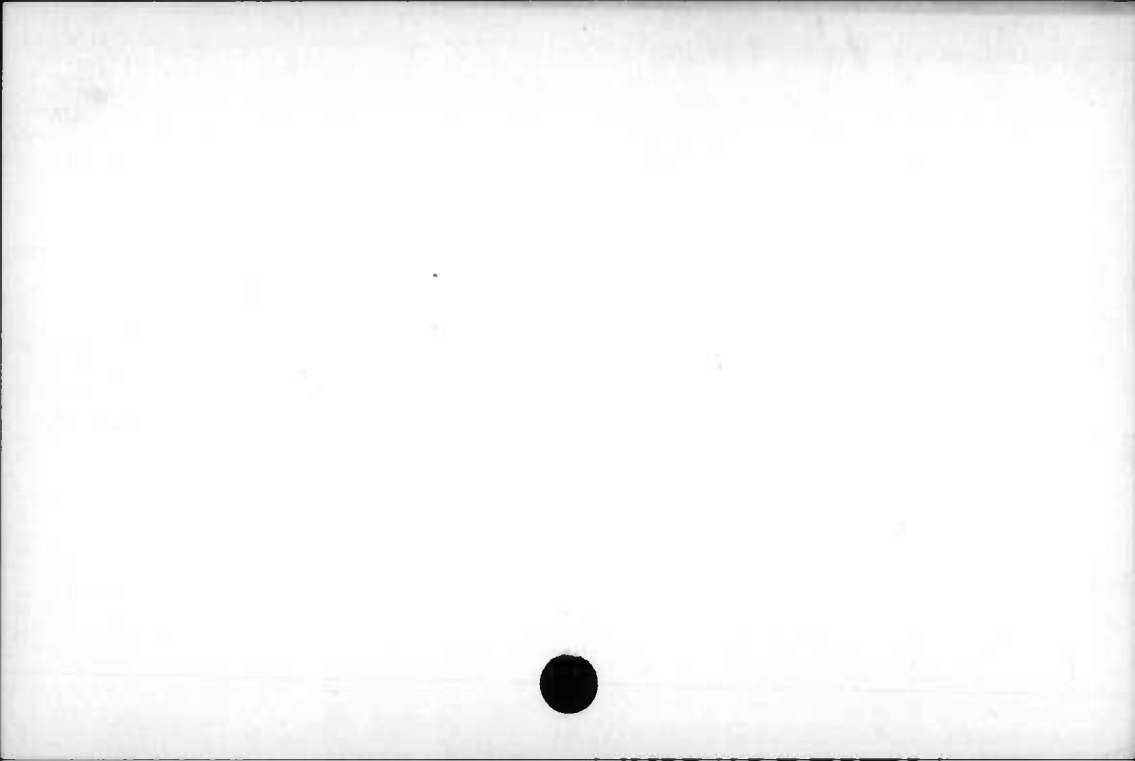
Name of person giving information How related to deceased

CAUSES OF DEATH

Primary *Gangrene* How long *18 Mos*Immediate *Dr* How longAre the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Raymond Brown*Address *St Paul*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER
1



Name
in
Full

Henry Horn

CERTIFICATE OF DEATH

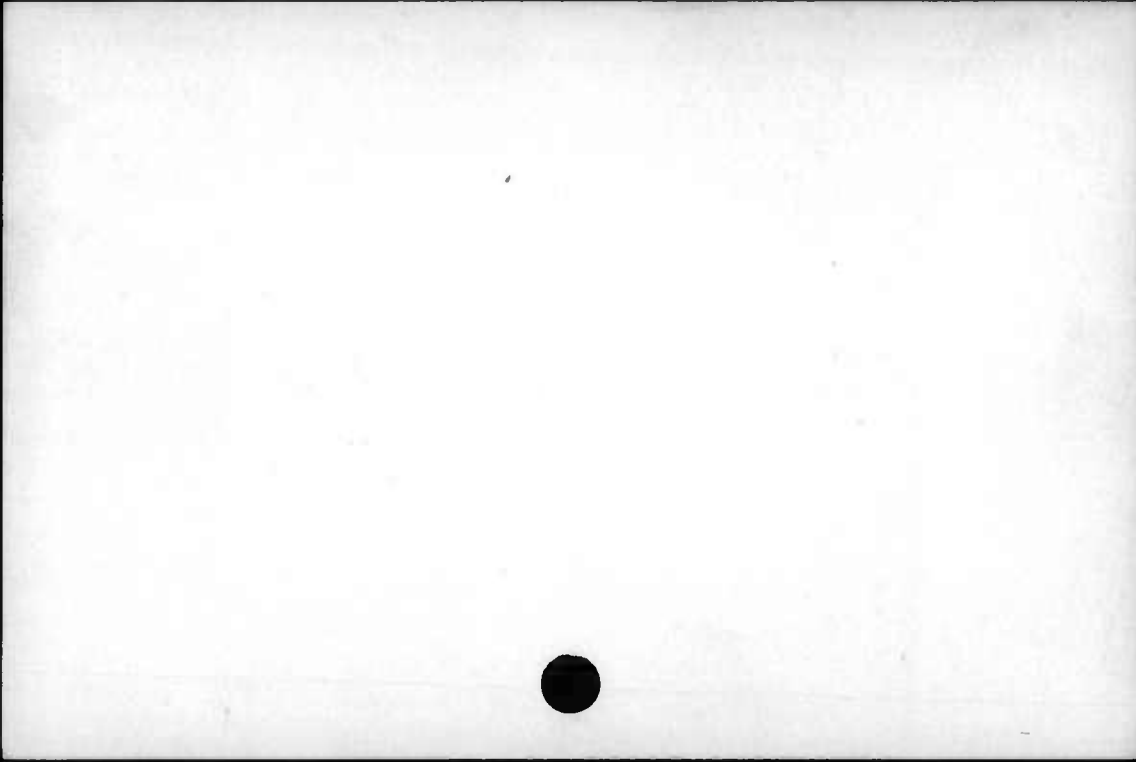
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Hynson</i>		County <i>Caroline</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1907	2	19	21	8	21
Sex	Color or Race		Birth-place		
Male	German		North Carolina		
Occupation			Where Residing if not at place of death		
Laborer			Near Hynson		
Married, Single or Widowed	Name of Wife or Husband				
Married	Ike Horn				
Father's Name	Father's Birthplace				
Ired Horn	Germany				
Mother's Maiden Name	Mother's Birthplace				
Dake	Do				
Name of person giving information			How related to deceased		
Ida Horn			Wife		

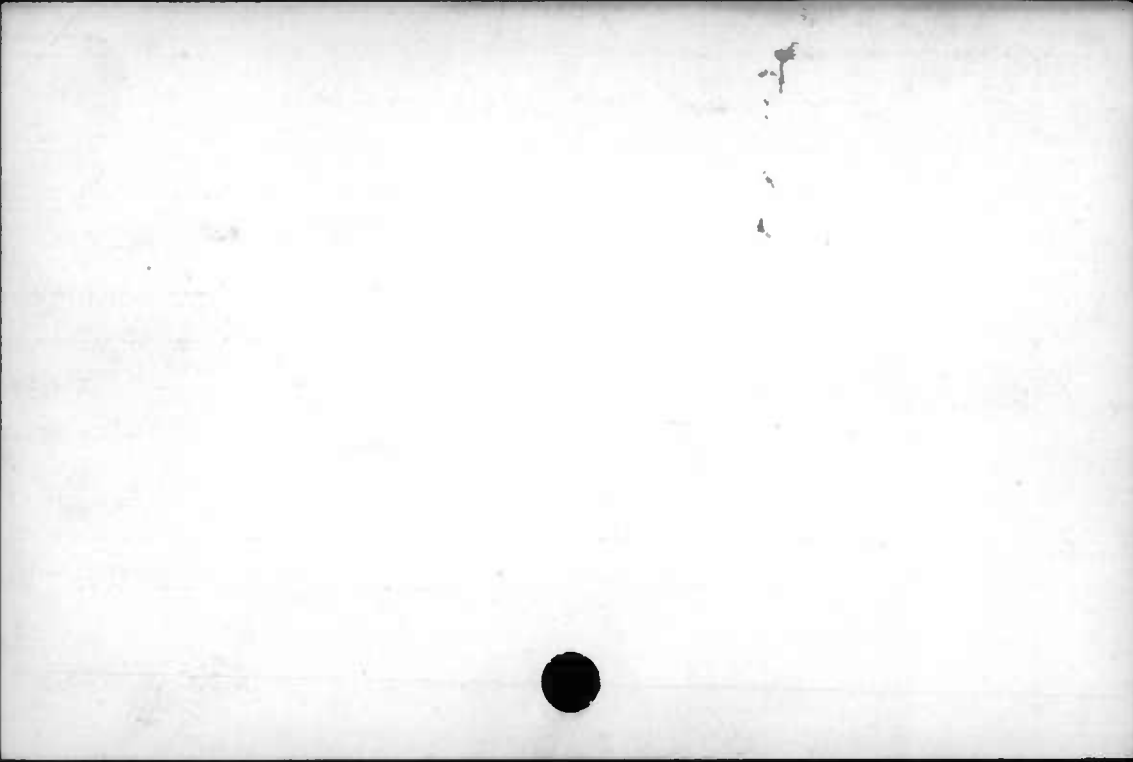
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Peritonitis</i>	How long	<i>36 hrs</i>
Immediate	<i>Do</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>J. Raymond Downes</i>	
		Address	
		<i>Preston Md</i>	
Accident or Suicide?			



Name in Full		Eliza Morgan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{near} <u>Henderson</u>	Town		<u>Caroline</u>		County	
	Date of death <u>1907 Feb.</u>		Month	Day	Years	Months	Days
	<u>1907 Feb.</u>		<u>20</u>	<u>84</u>	<u>5</u>	<u>5</u>	
	Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Abbotstown Pa</u>			
	Occupation <u>Nurse</u>		Where Residing if not at place of death				
	Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>James Morgan</u>				
	Father's Name <u>Henry Stevens</u>		Father's Birthplace <u>England</u>				
Mother's Maiden Name <u>Catherine Hafer</u>		Mother's Birthplace <u>Abbotstown Pa</u>					
Name of person giving information <u>Geo. W. Dukes</u>		How related to deceased <u>No relation</u>					
CAUSES OF DEATH							
PHYSICIAN CORONER	Primary	<u>Senile gangrene</u>		How long	<u>20 days</u>		
	Immediate	<u>Septicemia</u>		How long	<u>7</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>F. Silver</u>				
			Address <u>Goldstow,</u>				
			<u>Caroline Co., Md.</u>				
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

Annie Murphy

Town

County

Died at

Two Johns

Caroline

MARYLAND

Date

of death 1907

Month

Feb

Day

19

Years

Age

Months

10

Days

Sex

Female

Color or
Race

white

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Sam Pollard

Father's
Birthplace

unknown

Mother's
Maiden Name

Mattie Murphy

Mother's
Birthplace

Md.

Name of person giving
In formation

Frank Jacobs

How related
to deceased

none

CAUSES OF DEATH

Primary

Marasmus

How long

4 weeks

Immediate

Continued to get weaker until death

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

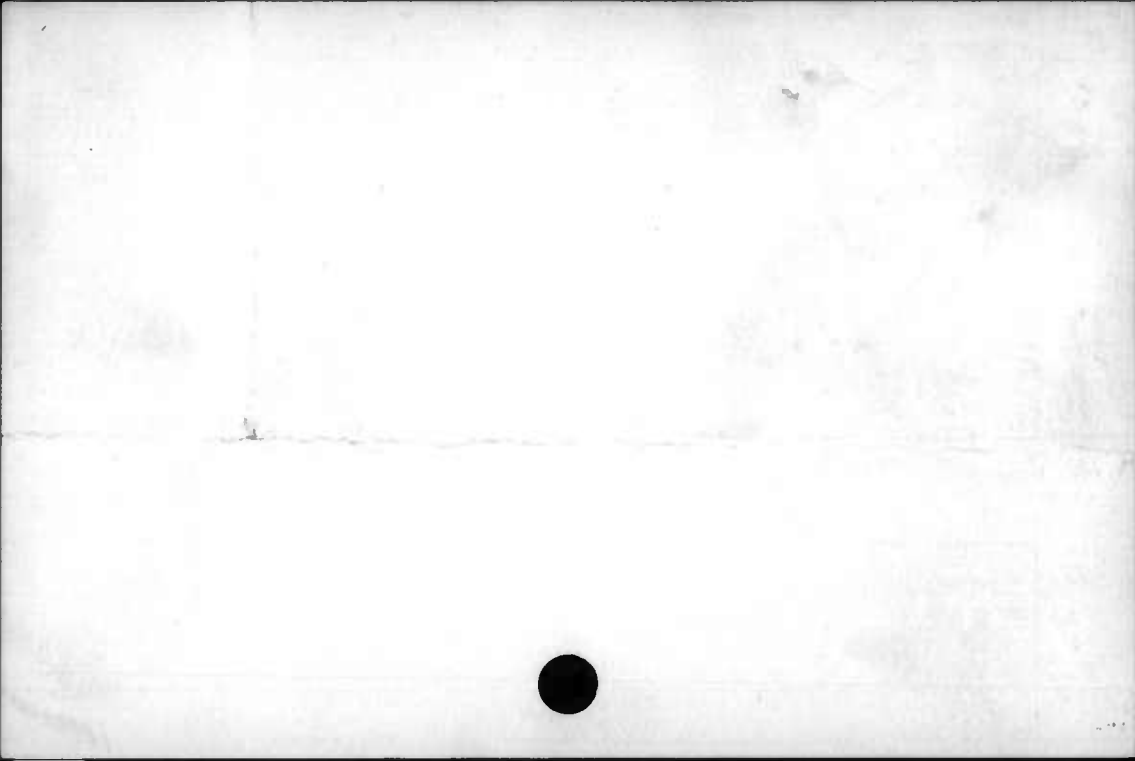
Address

John D. Hadaway
Fowling Creek
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

Mildred Nichols -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		2	5	1	1	21	
Sex		Color or Race		Birth-place			
Female		Negro		dld -			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Wm A. J. Nichols -				dld			
Mother's Maiden Name				Mother's Birthplace			
Ora B. Bulley -				dld			
Name of person giving information				How related to deceased			
W. A. J. Nichols.				Father.			

CAUSES OF DEATH

1
PHYSICIAN
OR CORONER

Primary	<i>Marasmus -</i>	How long	<i>1 yr 7 weeks</i>
Immediate	<i>Exhaustion -</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr S. S. Stone	
		Address	
		<i>Ridgely</i>	
		<i>md</i>	
Accident or Suicide?			



Name
in
Full

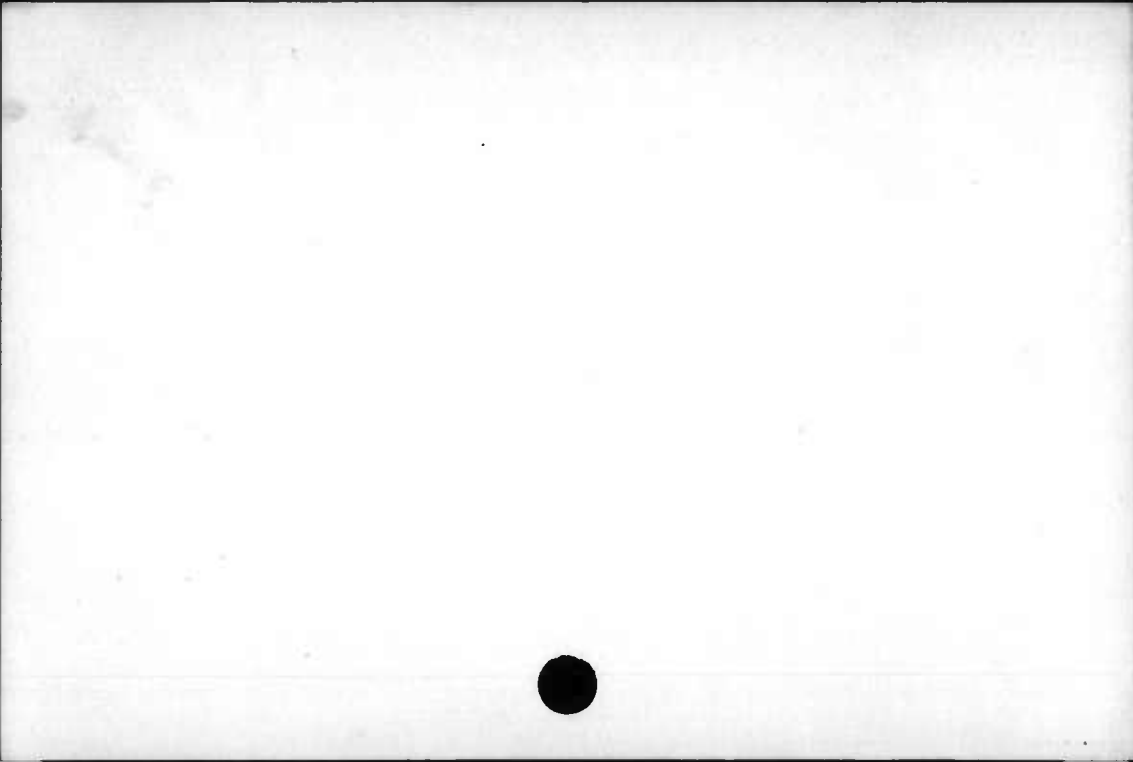
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Preston</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1907</i>	<i>2</i>	<i>19</i>	<i>76</i>		
Sex	Color or Race		Birth-place		
<i>Male</i>	<i>White</i>		<i>9 Md</i>		
Occupation	Where Residing if not at place of death				
<i>Retired farmer</i>	<i>Preston</i>				
Married, Single or Widowed	Name of Wife or Husband				
<i>Married</i>					
Father's Name	Father's Birthplace				
<i>H. A. Parker</i>	<i>Md</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Betsy Walker</i>	<i>Md</i>				
Name of person giving information	How related to deceased				
<i>J. J. Parker</i>	<i>Son</i>				

CAUSES OF DEATH

Primary	How long
<i>Broncho Pneumonia</i>	<i>3 1/2 hours</i>
Immediate	How long
<i>Heart failure</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Yes</i>	<i>Raymond Downes</i>
	Address
	<i>Preston Md</i>
Accident or Suicide?	



Name
in
Full

Robert Allen Pritchett

CERTIFICATE OF DEATH

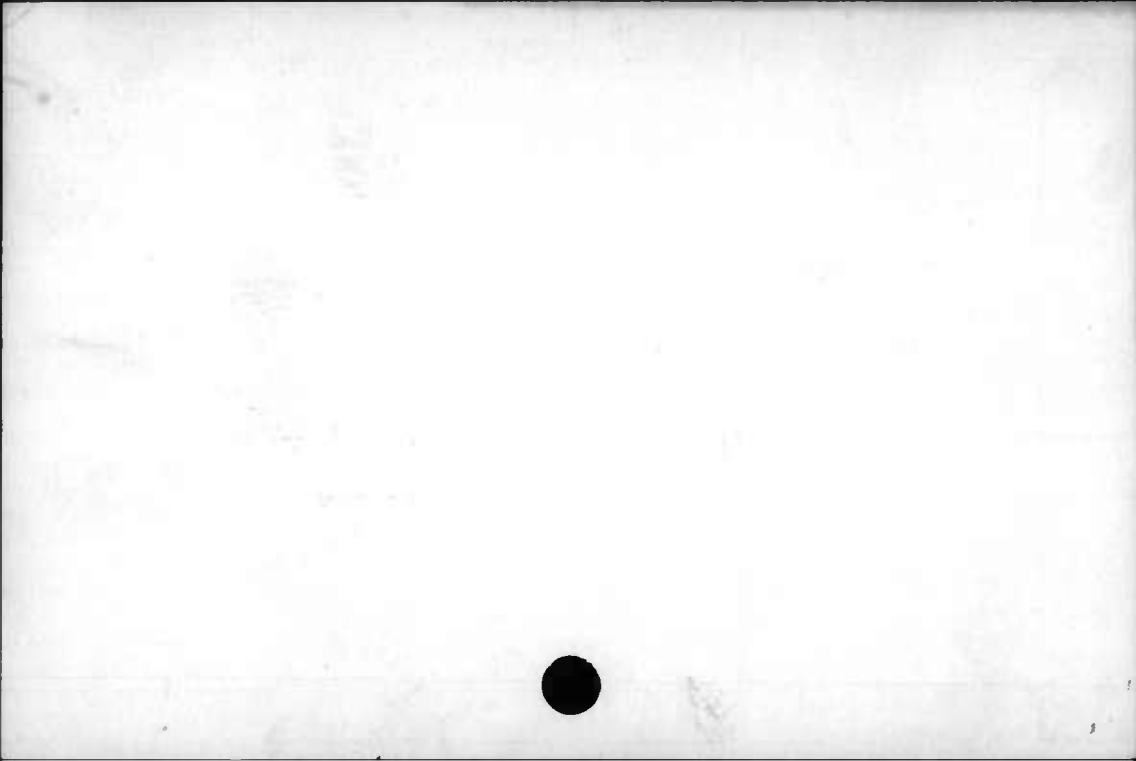
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgely</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Year}	<i>July</i> ^{Month}	<i>26</i> ^{Day}	Age	<i>7</i> ^{Months} <i>21</i> ^{Days}
Sex	<i>Male</i>		Color or Race	<i>Negro</i>	
Occupation	—		Birth-place	<i>Ida</i>	
Married, Single or Widowed			Where Residing if not at place of death		
—			—		
Name of Wife or Husband			—		
Father's Name			<i>Alfred Pritchett</i>		
Mother's Maiden Name			<i>Annie Coving</i>		
Name of person giving information			<i>Alfred Pritchett</i>		
Father's Birthplace			<i>Ida</i>		
Mother's Birthplace			<i>Ida</i>		
How related to deceased			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>11 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. D. Stone</i>
		Address	<i>Ridgely</i>
			<i>Ida</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federalburg</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Year</small>	<i>Feb</i> <small>Month</small>	<i>10</i> <small>Day</small>	Age <small>Years</small>	<i>4</i> <small>Months</small>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>md</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Ed Williamson</i>		
Mother's Maiden Name			<i>Vittie Price</i>		
Name of person giving information			<i>Ed Williamson</i>		
Father's Birthplace			<i>md</i>		
Mother's Birthplace			<i>md</i>		
How related to deceased			<i>father</i>		

CAUSES OF DEATH

Primary	<i>Jaundice</i>	How long	<i>4 days</i>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

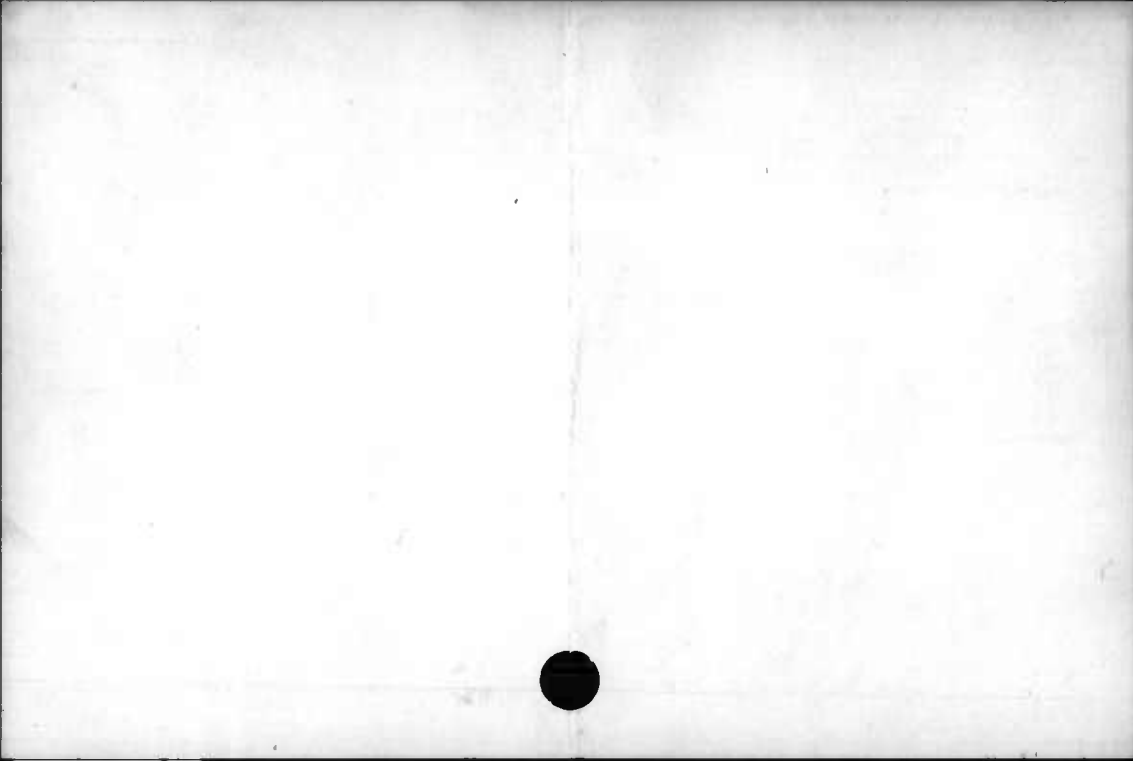
yes

Signature of Physician

Address

R Kemp Jefferson
Federalburg md

Accident or Suicide?



Orland Ray Wright
 Town *Choptank* County *Caroline*
 Died at *MARYLAND*
 Month *July* Day *26* Y. *2* M. *2* D. *2* Native of *Maryland* Occupation *—*

Date 19 *07*
 Male *Female* White *Colored* Age *2* Married *Single* Widower *Widow* Divorced *Number of children living*

Husband of *—*

Wife

Father's Name *E Orland Wright* Mother's Name *Nethi Ray Price*

Cause of Death { Primary *Capillary Bronchitis* Immediate *90* How long sick *3 days*
 Accident, Suicide, Homicide

Reported by *J. L. Hobbs M.D.*

Address *Perston Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Willis Knight

Died at ^{Town} *Choptank* ^{County} *Caroline* MARYLAND

Date 1907 *Feb 22* Age *83* *Maryland Farmer*

Male ☐ White ☐ Married ☐ ~~Widow~~ ☒ ~~Single~~ ☐ ~~Widower~~ ☐ Number of children living *3*

Husband of *Margaret Wright*

Father's Name *Gessie Wright* Mother's Maiden Name *Eliza Willis*

Cause of Death { Primary *Pneumonia* How long sick *93*

Death { Immediate *Heart Failure* Accident, Suicide, Homicide

Reported by *J. L. Noble M.D.*

Bristow Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

